**Los Vecinos Community Center** 

PROGRAM(S) REGISTERING FOR:	(Please Print) FATHER/C	GUARDIAN
Please Check all that Apply	Authorized to pick-up child/childrenyesno	
☐ Before School ☐ After School	Name:	Employer:
☐ Summer Regular ☐ Parky's Pals	Home Address:	Business Phone:
☐ Summer Extended ☐ Other (specify)	City/State: Zip:	Home Phone:
From 1D advanced what are an ultration	MOTUED	Cell:
Free/Reduced date of application  Pre-approved FreeReducedMgr Name	(Please Print) MOTHER/GUARDIAN Authorized to pick-up child/children yes no	
Admin. ApprdDisapprdFreeRed	Authorized to pick-up chi	
(Please Print) FIRST CHILD	Name:	Employer:
Name:	Home Address:	Business Phone:
	City/State: Zip:	Home Phone:
School: Grade: Age:		Cell:
Birth Date:	(Please Print) MEDICAL	<u>INFORMATION</u>
Will your child be picked up or walk home	Child's Name:	
Does your child have any type of medical, physical or mental condition?  yes no (If yes fill out the medical information section)	Child has the following condition:	
	Current medication, diet, treatment, ti	mes taken:
	Other Information:	
(Please Print) SECOND CHILD		
Name:	Describe any situation or behavior result of the conditions outlined ab	
School: Grade: Age:		
Birth Date: Male Female		
Will your child be picked up or walk home		
Does your child have any type of medical, physical or mental condition?		
yes no If yes, fill out medical information	Child's limitations:	
	If there are any changes in a child' parents must notify BCPR immedia	
(Please Print) THIRD CHILD	(Please Print) EMERGEN	CY CONTACT
Name:	Name:	
School: Grade: Age:	Relationship:	
Birthdate: Male Female	Home Phone:	Vork Phone:
Does your child have any type of medical, physical or mental condition?  yes no If yes, fill out medical information	Cell Phone:	Pager:
	Hospital:	Ooctor:
	Insurance Company:	

BCPR CUSTODIAL CARE INFORMATION				
My Child/Children are under the custodial care of: (Check one) Both Parents Mother only Father only Other  I authorize the following people (other than the people listed on the front) to pick up my Child/Children. PLEASE NOTE: ALL authorized individuals must be at least 15 years old to sign out a program participant. Identification is required.				
Name	Relationship	Home Phone	Work Phone	
Name	Relationship	Home Phone	Work Phone	
Name	Relationship	Home Phone	Work Phone	
Name	Relationship	Home Phone	Work Phone	
6Name	Relationship	Home Phone	Work Phone	
Name		Relationship		
Name		Relationship		
Name		Relationship		
	ges to these arrangements yo	•	center <u>immediately</u> .	
Please Sign:Date:		ate:		
ADDITIONAL INFORMATION				
PLEASE READ & SIGN				
managers, agents, re occur while participati Bernalillo County resp	lo County Parks & Recreation presentatives, or employee's and in any activities held at the consible for any injuries, which er location. I further state that a	responsible for any injuries ar site, on field-trips or special may be sustained during <i>tra</i>	nd liabilities that may events. I will not hold vel between the site	
Parent's Signature_		Date_		

## Behavior Correction BCPR

\*\*\*PARENTS MUST RETURN THIS PAGE WITH THE NECESSARY SIGNATURES\*\*\*

If participants do not follow the Code of Conduct and Behavior Correction is needed, staff will follow these advancing Behavior Correction steps. It should be clear that by not responding to staff, a participant could go from Level I to IV very quickly.

#### Level I

#### **Verbal Warning**

The specific inappropriate behavior is pointed out and the participant is given an explanation **why** this behavior is inappropriate. They will be asked to correct it. A verbal warning is given not to repeat the behavior. (If the behavior is **severe** enough, dependent on staff judgment, an Incident Report will be used and placed in the participant's file).

#### Level II

#### Removal from Group

After repeated verbal warnings have been given with **no change** in the behavior, the participant is **removed from the group** in a "time out" fashion for 5-15 minutes. After this time out period, the participant is asked whether he/she wishes to rejoin the group and *change their behavior*. If yes, participant rejoins the group. If no, a **supervisor** is called. Level II Code of Conduct violation and above **automatically** results in the behavior being **documented** using an **Incident Report**. It is placed in the participant's file. Parent's will be called and informed of the situation.

#### <u>Level III</u>

#### Conference

Verbal warnings and removal from the group have proven *unsuccessful*. At this level, parents will be called in for an *immediate* **conference**. This may include one or all of the Center's Administrative Team, participant and possibly the staff person on shift when the incident occurred. An **Action Plan** will be developed **at that time**. It will include the following:

- 1. Specific behavior that needs to be corrected
- 2. How this will be accomplished
- 3. Time frame in which specified behavior must be changed All notes/documentation from this meeting, with signatures, will be placed in the participant's file.

#### **Level IV**

#### **Suspension or Termination**

After the above steps have been attempted, with no change in behavior, the Manager will suspend the participant for 1-30 days or terminate their involvement at the center. The Director or Assistant Directors for Bernalillo County Parks and Recreation may review this action. Prior to the participants returning to the center, a parent-participant-staff conference will be scheduled and a revised action plan will be established.

*Please note:* In cases of behavior being *more severe or criminal in nature*, the participant may well skip other levels and be suspended or terminated from participation of some or all activities at BCPR facilities.

I parent/guardian ofunderstand and will provide support to BCPR state center complies with the Code of Conductorrection Levels.	, , , ,
***Parent Signature	Date
***Particinant Signature	Date

# **Bernalillo County Parks and Recreation Department**

#### **Dear Parents:**

The staff of Bernalillo County Parks and Recreation Department is pleased to have you use the many services we provide. We make every effort to accommodate your needs and *appreciate* the input you give us.

We have made major adjustments to our Rules and Discipline Policies. We are now calling it the Code of Conduct and Behavior Correction Policy. If at any time you would like to call the center/section to ask questions about your child's behavior or anything else, please do not hesitate to do so. We appreciate close communication with parents and others in our community.

We expect all parents/guardians to carefully read and <u>sign</u> the <u>Behavior Correction</u> form and <u>return</u> it along with the registration form to the facility you are using. We *strongly* encourage you to review this document with your child/children who will participate at the center.

#### Methods Used to Assist in Understanding

Staff will take the time necessary to ensure that all participants understand the new policy. We will talk in groups and individually using role-playing, question and answer time and a short quiz to assist the participants understanding. We welcome any questions or concerns you may have. We will be working hard to encourage **positive social behavior** from **all** the participants.

### **Code of Conduct**

- 1. I will take responsibility for my actions.
- 2. I will try to understand my own behavior.
- 3. I will let staff know if I am not feeling well.
- 4. I will think before speaking badly about anyone, words can be hurtful.
- 5. I will participate in-group activities.
- 6. I will do my best to be patient and understanding with others.
- 7. I will give staff or parents information honestly, when I am asked.
- 8. I will always listen to staff.
- 9. I will never leave my group without a hall pass.
- 10. I will take care of all BCPR property.